

## RN EXAMINATION APPLICATION INSTRUCTIONS – EDUCATED OUTSIDE US

### IMPORTANT INFORMATION

#### About your ability to practice nursing

You may not work as a nurse in Missouri without a current Missouri nursing license. This includes orientation as well as any other employment in which you are being compensated as a nurse, regardless of whether or not the position includes hands on patient care.

#### Nurse Licensure Compact

Missouri is a member of the Nurse Licensure Compact which allows nurses licensed in Missouri to practice in other compact states. A nurse may hold only one compact license and it must be issued by his/her state of primary residence. **If you declare your primary state of residence to be a compact state other than Missouri and you will not be moving to Missouri, you should not apply for licensure in Missouri.** If you currently reside in a compact state other than Missouri and will change your primary residence to Missouri within the next 90 days, you may declare primary residency as Missouri and apply for a license. You may be required to provide proof of residency, which may include a Missouri driver's license, voter registration or income tax return. If you declare a non-compact state as your state of primary residence, and you meet all other requirements for licensure in Missouri, you will receive a single-state license valid for practice only in Missouri. For a list of states participating in the Compact or additional information about the Compact go to <http://www.ncsbn.org/>

#### What YOU Must Submit To The Board Of Nursing Office

- Completed, signed and notarized application
- One 2"x2" signed photograph
- \$45.00 fee - make the fee payable to the Missouri State Board of Nursing. The fee may be a money order, cashier's check or personal check. The fee is non-refundable.
- Refer to the enclosed Credentials List for other documents that you must submit to this office. All credentials must be in English or English translation by an authorized person. Translations must be attached to a copy of the original document.

#### Criminal background checks – Do this at least two weeks after you submit your application to the Board

Step 1: Go to [www.machs.mo.gov](http://www.machs.mo.gov) and register using the 4 digit registration number of **0001 (three zeroes followed by a one)**. **The name, date of birth and social security number you use to register with MACHS must match the same information on your application to the board. If it does not, you may be required to complete this process again at your expense and this will delay processing your application.** After you register, you will receive a TCN number. You will want to register with the fingerprint portal.

Step 2: Write down your TCN number.

Step 3: Click on Fingerprint Sites near the top of the web site at [www.machs.mo.gov](http://www.machs.mo.gov) to find a fingerprint location. Once you click on Fingerprint Sites, a map will be displayed. Click on the county you desire, then click on a preferred location. You will then see the location address and hours of operation.

Step 4: Take your TCN number and a valid government issued ID with you to the fingerprint location.

Step 5: Get your prints taken and obtain a fingerprinting receipt.

Step 6: Retain your receipt for your records.

**If you DO NOT register online first and take your TCN number with you to the fingerprint location, you WILL experience long wait times.**

If you are not in Missouri and do not wish to drive to a Missouri fingerprint location, you still need to register as indicated in step 1 above. We recommend that you make payment online. You will then need

to go to a law enforcement agency and obtain two inked fingerprint cards captured on a standard FBI-258 applicant fingerprint card. Write down the TCN number on the back of your Fingerprint Cards. Mail your cards to: 3M Cogent, Missouri CardScan, 639 N Rosemead Blvd, Pasadena, CA 91107. To protect your identity, we recommend that you never put outgoing mail containing your personal identifying information in your mailbox. You should take it directly to a post office or drop it in a postal box. Do not mail the fingerprint cards to our office; we will destroy the cards and you will have to get printed again.

**The total fee is \$44.80. This includes a State of Missouri search, a FBI search and the Cogent fee. Cogent is the state's vendor that processes fingerprints.**

### **ADDITIONAL INFORMATION**

Applicants for licensure must meet the same minimum requirements as graduates of Missouri schools of nursing. The licensure process is time consuming and may take several months to complete. You may not work as a nurse in the State of Missouri until you have passed the examination and are licensed. The Missouri State Board of Nursing has no legal basis to issue a temporary permit.

When all documents requested have been received, your application will be evaluated. If you are found eligible to take the NCLEX® examination you will be notified in writing. You will then need to register for NCLEX online at <http://www.pearsonvue.com/nclex>.

### **NOTICE**

Effective July 1, 2003, all persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes, and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns your license will be subject to immediate revocation within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. This requirement was enacted in House Bill 600 of the 92<sup>nd</sup> General Assembly (2003), and was signed into law by the Governor on July 1, 2003.

“All persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes, and also are required to have filed all necessary state income tax returns in the preceding three (3) years. If you have failed to pay your taxes or failed to file your tax returns, your license will be subject to immediate suspension within ninety (90) days of being notified by the Missouri Department of Revenue of any delinquency or failure to file pursuant to §324.010 RSMo.

You cannot be granted a license until you provide a United States social security number. Pursuant to 42 U.S.C. Section 666(1)(13), federal law requires each state to institute procedures to obtain the social security number of any applicant for a professional license or occupational license and requires that the social security number be recorded on the application.

Furthermore, section 324.024 RSMo, requires “every application for a license, certificate, registration, or permit or renewal of a license, certificate, registration, or permit issued in this state...contain the Social Security of the applicant. This provision shall not apply to an original application for a license, certificate, registration, or permit submitted by a citizen of a foreign country who has never been issued a Social Security number and who previously has not been licensed by any other state, United States territory, or federal agency. A citizen of a foreign country applying for licensure with the division of professional registration shall be required to submit his or her visa or passport identification number in lieu of the Social Security number.”

## **Credentials List for Foreign-Educated Registered Nurse Applicants**

1. Course-by-Course evaluation report received directly from a foreign credentials evaluation service approved by the Board. Refer to the reverse side of this Credentials List for a list of foreign credentials evaluation services approved by the Board. The evaluation must include verification of your license from your original country/territory of licensure.
2. Photostatic copy of birth certificate. If a copy of birth certificate is not available, copy of baptismal certificate, passport or notarized statement from an authorized agency will be accepted as verification of name, date and place of birth.
3. Photostatic copy of marriage license/certificate (if applicable).
4. Evidence of English-language proficiency by any of the following:
  - a) Test of English as a Foreign Language (TOEFL) [www.toefl.org](http://www.toefl.org) with a passing score of 540 on the paper examination or a passing score of 76 for the internet-based examination; or
  - b) Test of English for International Communication (TOEIC) [www.toeic.com](http://www.toeic.com) with a passing score of 725; or
  - c) International English Language Testing System (IELTS) [www.ielts.org](http://www.ielts.org) with a passing score in the academic module of 6.5 and the Spoken Band score of 7
5. Photostatic copy of original license issued by the licensing/certifying agency where original licensure/registration was secured by examination.
6. Completed Application for License as a Registered Professional Nurse by Examination, application fee and one (1) two inch by two inch (2" x 2") photograph.

02/2016

## **Foreign Credentials Evaluation Services**

**Approved by the Missouri State Board of Nursing**

**All reports must come to the Board of Nursing office directly from the evaluation service.**

### **Commission on Graduates of Foreign Nursing Schools (Credentials Evaluation Service)**

3600 Market Street Suite 400

Philadelphia, PA 19104-2651

(215) 349-8767

Web: [www.cgfns.org](http://www.cgfns.org)

**\*Credential Evaluation Service Professional Report**

### **International Education Research Foundation, Inc.**

Post Office Box 3665

Culver City, CA USA 90231-3665

Phone: (310) 258-9451

Fax: (310) 342-7086

Web: [www.ierf.org](http://www.ierf.org)

**\*Nursing Licensure Report**

### **Josef Silny & Associates, Inc.**

International Education Consultants

7101 SW 102 Avenue

Miami, FL 33173

Phone: (305) 273-1616

Fax: (305) 273-1338

Web: [www.jsilny.org](http://www.jsilny.org)

**\*Foreign Credential Evaluation Application for Board of Nursing Applicants**

**\*Name of the report required by the Missouri State Board of Nursing.**

**You will have to contact the credentials evaluation service to obtain an application. Fees will differ with each evaluation service. You may want to contact each one to determine the fees required for the evaluation.**

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history record of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.<sup>2</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See 28 CFR 50.12(b).

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV9c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION

## APPLICATION FOR LICENSE AS A REGISTERED PROFESSIONAL NURSE BY EXAMINATION

APPLICATION FEE IS NON-REFUNDABLE. APPLICATION IS RETIRED AND VOID IF REQUIREMENTS FOR LICENSURE ARE NOT MET WITHIN ONE YEAR FROM THE DATE THAT THE APPLICATION WAS NOTARIZED AND A NEW APPLICATION AND FEE WILL NEED TO BE SUBMITTED TO BE CONSIDERED FOR LICENSURE.

Text Telephone (TT)  
1-800-735-2966  
(Hearing Impaired)

MISSOURI STATE BOARD OF NURSING  
P.O. BOX 656  
JEFFERSON CITY, MISSOURI 65102-0656  
(573) 751-0681  
WEBSITE: <http://pr.mo.gov>  
EMAIL: [nursing@pr.mo.gov](mailto:nursing@pr.mo.gov)

# RN-X

### FOR OFFICE USE ONLY

LIC. APP. BY	LICENSE DATE	LICENSE NUMBER	
APP	TRANSCRIPT	DE	
MSHP	FBI		
CHECK	MO	CASH	DEPOSITED

### SECTION I - PROFILE INFORMATION

FULL NAME (LAST)			(FIRST)	(MIDDLE)	(MAIDEN)
PREVIOUS OR OTHER NAME(S)					
PRIMARY RESIDENCE (Where you vote, pay federal taxes, obtain a driver's license) – PHYSICAL ADDRESS REQUIRED, <b>PO BOXES ARE NOT ACCEPTABLE</b>					
CITY				STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT THAN PRIMARY RESIDENCE) STREET OR P.O. BOX					
CITY				STATE	ZIP CODE
DATE OF BIRTH MONTH   DAY   YEAR	PLACE OF BIRTH (CITY)		(STATE)	(COUNTY)	MOTHER'S MAIDEN LAST NAME
**SOCIAL SECURITY NUMBER (MANDATORY, USED FOR IDENTIFICATION PURPOSES ONLY)			TELEPHONE NO. - HOME		TELEPHONE NO. - WORK
INTERNET E-MAIL ADDRESS (OPTIONAL <b>PLEASE PRINT</b> )			FAX NUMBER (OPTIONAL)		

### SECTION II - BASIC PROFESSIONAL NURSING EDUCATION

PROFESSIONAL SCHOOL OF NURSING			
ADDRESS (CITY)			(STATE)
TYPE OF PROGRAM <input type="checkbox"/> BACCALAUREATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> OTHER (SPECIFY) ▶			GRADUATION DATE

### SECTION III - REFERENCES

List the name, address and telephone number of two individuals who will always know where to reach you and indicate their relationship to you. The references should not have the same daytime telephone number. This information will be used to contact you, if necessary.

NAME	TELEPHONE NO.
ADDRESS	RELATIONSHIP
NAME	TELEPHONE NO.
ADDRESS	RELATIONSHIP

**\*Primary State of residence** means the State of a person's declared fixed permanent and principal home for legal purposes; domicile. The following items could be requested as proof of primary state of residence; driver's license, voter registration card, federal income tax return.

**SECTION IV - SCREENING QUESTIONS****ABSOLUTE AND COMPLETE CANDOR IS REQUIRED.****IF YOU ARE IN DOUBT WHETHER OR NOT TO REPORT, YOU SHOULD REPORT IT.**

1. Have you ever been issued a professional license, certification, registration, or permit by any state, United States, territory, province or foreign country? ☐ YES ☐ NO  
**IF YES, IDENTIFY TYPE OF LICENSE, WHEN ISSUED AND BY WHOM.**
- 1a. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program? ☐ YES ☐ NO  
**IF YES, PROVIDE A WRITTEN EXPLANATION INCLUDING THE STATE, DATES AND REASON FOR PARTICIPATION.**
- 1b. Have you ever been terminated from an alternative to discipline, diversion, or a peer assistance program due to unsuccessful completion? ☐ YES ☐ NO  
**IF YES, PROVIDE A WRITTEN EXPLANATION INCLUDING THE STATE, DATES, AND REASONS FOR PARTICIPATION AND TERMINATION.**
2. Have you ever been denied a professional license, certification, registration or permit? ☐ YES ☐ NO  
**IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.**
3. Have you ever had any professional license, certification, registration, or permit revoked, suspended, placed on probation, or otherwise subject to any type of disciplinary action? ☐ YES ☐ NO  
**IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.**
4. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration, or permit you hold? ☐ YES ☐ NO  
**IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.**
5. Have you ever voluntarily surrendered or relinquished any professional license, certification, registration, or permit during or following an investigation? (This does not include failing to renew your license or allowing it to lapse for non-disciplinary reasons.) ☐ YES ☐ NO  
**IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.**
6. Have you ever been convicted, adjudged guilty by a court, pled guilty, pled nolo contendere or entered an Alford plea to any crime, whether or not sentence was imposed excluding traffic violations? (This includes any crime where the disposition was a suspended imposition of sentence (SIS), or a suspended execution of sentence (SES), or if you pled guilty but were placed in an alternative or diversion court, including drug or DWI court.) ☐ YES ☐ NO  
**IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).**
7. Have you ever been convicted, adjudged guilty by a court, pled guilty, pled nolo contendere or entered an Alford plea to any traffic offense resulting from or related to the use of drugs or alcohol, whether or not sentence was imposed? (This includes a disposition of a suspended imposition of sentence (SIS), suspended execution of sentence (SES), or placement in a post plea alternative or diversion court and includes municipal charges of driving while intoxicated, driving under the influence and/or driving with excessive blood alcohol content.) ☐ YES ☐ NO  
**IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).**
8. Do you have any condition or impairment, including a history of alcohol or substance abuse that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner? ☐ YES ☐ NO  
**IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT**
9. Are you now being treated, or have you been treated within the past five years, through a drug or alcohol rehabilitation program? ☐ YES ☐ NO  
**IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE THE DISCHARGE SUMMARY OR OTHER OFFICIAL DOCUMENTATION THAT SHOWS YOUR DIAGNOSIS, PROGNOSIS, AND TREATMENT PLAN.**
10. Are you listed on any state or federal sexual offender registry? ☐ YES ☐ NO  
**IF YES, EXPLAIN FULLY ON A SEPARATE NOTARIZED STATEMENT.**
11. Have you ever been placed on an employee disqualification list or other related restriction of finding pertaining to employment within a health-related profession issued by any state or federal government or agency? ☐ YES ☐ NO  
**IF YES, EXPLAIN FULLY ON A SEPARATE NOTARIZED STATEMENT.**

Pursuant to Section 324.010 RSMo:

☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.***False statements are subject to criminal penalties and/or license discipline.*If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail [income@dor.mo.gov](mailto:income@dor.mo.gov).



**Note:** \*\*You must provide your social security number pursuant to state and federal law.\*\*

If you fail or refuse to provide your social security number, we will consider your initial application or renewal application incomplete and return it to you. Continued failure or refusal to provide your social security number is grounds for denial of your application and could result in the imposition of late fees, administrative revocation of your license, a lapsed license or disciplinary action against your license.

#### SECTION V - AFFIDAVIT (TO BE NOTARIZED BY A NOTARY PUBLIC)

I am aware that all documents needed for licensure by examination must be received in the Board office before my original license can be issued. I am also aware it is my obligation, pursuant to Board regulations, to keep the Board informed of my current name and address.

Being duly sworn, I state that I am the person whose photograph is attached, and who is referred to in the foregoing application for licensure as a Registered Professional Nurse in the State of Missouri; that the statements therein are strictly true in every respect; that I have complied with all requirements of law; that I am of good moral character; and that I have read and understood this affidavit.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY ▶</b>		APPLICANT SIGNATURE	
STATE OF		COUNTY (OR CITY OF ST. LOUIS)	NOTARY PUBLIC EMBOSSEER SEAL
SUBSCRIBED AND SWORN BEFORE ME, THIS		<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
DAY OF 20			
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

#### SECTION VI - NURSING PROGRAM DIRECTOR ENDORSEMENT

TO BE COMPLETED BY THE NURSE ADMINISTRATOR OF THE NURSING PROGRAM.

I VERIFY THAT THE PERSON NAMED IN THIS APPLICATION IS THE PERSON WHOSE PHOTOGRAPH IS ATTACHED.

ATTACH  
PHOTOGRAPH  
HERE

**DO NOT PASTE  
OR STAPLE**

TO BE ACCEPTABLE THE PHOTOGRAPH MUST BE 2 X 2 INCHES IN SIZE, RECENT AND SHOW A CLEAR PICTURE OF YOUR FACE.

PLEASE USE CLEAR TAPE

NURSE ADMINISTRATOR SIGNATURE

SCHOOL OF NURSING

PROGRAM CODE

*PLEASE AFFIX  
SCHOOL SEAL*

Data provided below is **voluntary** and is not required in order to submit an Application for Licensure. This data will assist the department in nurse demographics. **PLEASE PRINT IN BLACK INK.**

GENDER	
<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
RACE/ETHNIC GROUP	
<input type="checkbox"/> CAUCASIAN (WHITE)	<input type="checkbox"/> AFRICAN-AMERICAN
<input type="checkbox"/> ASIAN/PACIFIC ISLANDER	<input type="checkbox"/> OTHER (if other please indicate) _____
NATIONALITY	
<input type="checkbox"/> AMERICAN	<input type="checkbox"/> FOREIGN (please indicate) _____
LANGUAGE	
<input type="checkbox"/> ENGLISH	<input type="checkbox"/> FOREIGN (please indicate) _____
CITIZENSHIP	
<input type="checkbox"/> UNITED STATES	<input type="checkbox"/> FOREIGN (please indicate) _____